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### PLACE OF DEATH 9586 STATE OF MARYLAND CERTIFICATE OF DEATH objectes Registration Dist. No. //6 Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED, / (Day ORDIVERCED (Write the word) Y, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day ..... hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In 4he of death ..... yrs. ..... mos. .. \_ ds. State ..... yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual rosidence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

fit death occurred in

(Year)

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

1

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a). Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

pneumonia"); Lobar pncumonia; Bronchopneumonia icsis of lungs, brospinal meningitis"); Diphtheria (avoid use term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-Typhoid meninges, unqualified, jever (never peritonaeum, etc., is indefinite): Tubercureport "Typhoid Carcin-

> dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely: Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon." "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report



0 ED ESERV Œ ARGIN

RECORD	PHYSICIANS should of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is mportant. See instructions on back of certificate.
M	Every item SAUSE OF mportant.

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in .....Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIEO. WIDOWED, Wido (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Dinchm 191 D. to that I last saw h. / allve on .... (Month) (Dav 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF 15 ADDRESS

If more blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

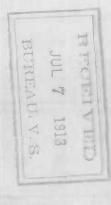
[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed.

(a): Spinner, (b) Cotton mill; (a) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Namc, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitiul nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



### Village or City Men East hen Mosket (No. Borlter 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

 S	t.;	 1	W	a	rd	)

Ilt death occurred in a hospital or institution, give its NAME lostead of street and number.]

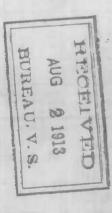
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thursle Terman Single, Widow.  Windowed, ORDIVERED (Write the word)	16 DATE OF DEATH Roles 26 ,1913 (Wonth) (Day (Year)
DATE OF BIRTH Oct - hull 1852	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)  AGE   If LESS that	that I last saw h alive on 1915
60 yrs 9 mos ds. or min.?	
a) Trade, protession, or Aforesework -	Tubircular abour of Ling-
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Aruger-	(Signed) (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Hutt	*State the Disease Causing Death, or, in deaths from Violence
12 MAIDEN NAME OF MOTHER  ATTILL  ATTILL  OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Serman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds.
The above is true to the Best of My Knowledge	Where was disease contracted, It not at place of death?
(Informant) - Cambridge, R. F. D. Jud	Former or usual residence
(ADDITESS)	East new Morket, Ind. July 28, 1913
Filed 191 PEGISTPAR	W. H. Willis v Bro- Cambridge, And

[Approved by U. S. Census and American Public Health Association.]

Grocomer, it should be used only when needed. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." sepsis, tetanus) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-mia," "Puerperal peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secoudary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of Never report



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### PERMANENT 4 IS THIS UNFADING INK

PHYSICIANS should state of OCCUPATION is very PHYSICIANS RECORD properly classified. Exact statement EXACTLY. stated pe pinods AGE carefully supplied. pe may certificate. that It 80 ō PLAINLY, WITH pe See instructions on back terms. Information should In plain DEATH WRITE 50 Every item Important.

7 AGE

PARENTS

15

6 OCCUPATION

### 9589 1 PLACE OF DEATH Gounty. Village or City



### STATE OF MARYLAND CERTIFICATE OF DEATH

Lor	Registration Dist.	No. ///
8.	Chamberlan	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF	DEATH
Ed	16 DATE OF DEATH	9, 191_3
=	17   HEREBY CERTIFY, That Va	(Day (Year) ttended deceased from
44	1/10 1913, to fully	, 191,
(r) /	that I last saw h un alive on fully	191
than hrs.	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	bove, atm,
in. ?	THE GAUSE OF BEATH. Was as follows:	7.
	Monie, Meghin	Us f
********	Laise Regur	qualion
	(Duration)	yrsds.
210	Gontributory Secondary	***************************************
(4)	(Duration)	yrsds.
in	(Signed) T. Hugg	, M, D.
nia	, 191 (Address)	parker, the
16	*State the Disease Causing Death, or, 1 Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	n deaths from VIOLENT (2) whether ACCIDEN.
_	16 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)	STITUTIONS, TRANSIENTS,
MA	At place in the of death yrs mos ds. State	yrs mos ds
VIX	Where was disease contracted, If not at place of death?	
17.	Former or usual residence	***************************************
Ild	19 PLACE OF PURIAL OR REMOVAL	DATE OF BURIAL
******	20 UNDERTAKEN	ADDRESS VII
R	N. M. W. W. Dushby	[. II. Markot

PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE. 4 COLDE OR RACE MARRIED. WIDOWED. (Write the word) DATE OF BIRTH

(Month) (Day (Ye If LESS t day ....

mos.

(a) Trade, profession, or particular kind of work.

<sup>2</sup>FULL NAME

(b) General nature of industry, business, or establishment in which amployed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

14 THE ABOVE IS (informant)

(Address) --

Filed.

REGISTR.

OR ......

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. A. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the vertificate is permanently filed.

AUG 2 1913

BULLDAU, V. S.

trust certification with

### PHYSICIANS should state of OCCUPATION IS very RECORD Exact statement stated EXACTLY. properly classified. pinous AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. of information should N. B.-Every item CAUSE OF important.

1 PLACE OF DEATH 9590

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

Ilt death occurred in a hospital or institution, give Its NAME Instead of street and number.]

	FULL NAME TUVILET C. Clasts.				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 s	ex ' COLOR OR RACE   6 SINGLE, MARRIED, WIDOWED, Travel ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)			
6 D	ATE OF BIRTH  May 12, 1870.  (Month) (Day (Year)	that I last saw h alive on 1913.			
7 AGE  (MORTE)  (Day (Year)  It LESS than 1 day,		and that death occurred on the date stated above, at letter m.  The CAUSE OF DEATH* was as follows:			
(b) bus wh	rticular kind of work	(Duration) / yrs			
	(State or country)  10 NAME OF FATHER	Secondary (Ouration) yrs mos ds.			
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-			
PAR	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the			
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Harrie H. Wilson	ot death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?  Former or usual residence			
15 Fil	ed Jely 10 1913 Sewefo	Care of Burial OR REMOVAL  Careho dya hed  20 UNDERTAKER  ADDRESS  ADDRESS			

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the nisease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the LENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

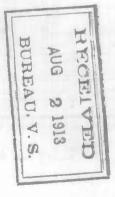
	1 PLACE OF DEATH	STATE OF MARYLAND
C	ounty Dorchesler 3991	CERTIFICATE OF DEATH
	0 - 16	Registered No.
\	"Illage or City Sucrelary (No. No. No. No. No. No. No. No. No. No.	St; Ward)  [If death occurred is a hospital or institution give lis NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, entity or CED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 0	(Month) (Day) (Year)	July 4 1913, to July 6 1913, that I last saw h Malive on July 6 1913
7 A	If LESS than   1 day,	and that death occurred on the date stated above, at 4. P. m. The CAUSE OF DEATH* was as follows:
(a pa (b)	CCUPATION ) Trade, profession, or rificular kind of work General nature of industry,	Choling Infantium
	iness, or establishment in chemployer)	(Duration) yrs mos cs.
98	RETHPLACE tate or country) Arrchister	(Secondary)  (Duration)  (Duration)  (Secondary)  (Secondary)
TS	10 NAME OF FATHER John Fr. Colbourne	(Signed) A. F. Nuerles, M. B.  "191 (Address) E. M. Divilut m.
ARENT	OF FATHER (State or country) Dorchester—  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
PA	13 BIRTHPLACE OF MOTHER (State or country)  Caroling	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
	Informant) John or Colonone	Where was disease contracted, if not at place of death?  Former or usual residence
15 File	(Address) Survey Ind	19 PLACE OF BURIAL OR REMOVAL  E. M. Morris M. J. 181. 3  20 UNDERTAKER  ADDRESS
	REGISTRAR	IT A Preloughty E. 21 morles
	If more blanks are needed, address State Registrar	r, 6 E. Franklin St., Balta., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write Nonc. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not minc, etc. ningerial worked on may form part of the second Greery; (a) Foreman, (b) Automobile factory. The it-should be used only when needed. As examples: ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. cause of death approved by Committee on Nomencla "Contributory." Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "TUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresar scptichaeetc., when a definite disease can be ascertained as the affection need not be stated unless important. cer" is icss definite; avoid use of "Tumor" for mallg ture of the American Medical Association.) schsis, tctanus) "Heart fallure," "Haemorrhage," "Inaultion," "Maras genitai," "Senite," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convultions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can The nature of the State cause for Examples:



RECORD PERMANENT WRITE

PLACE OF DEATH

### Very ...9592 CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No.. It death occurred in St.: Ward) a hospital or Institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED, Rumiza ORDIVERCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 10 back 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. DEAT Where was disease contracted, It not at place of death? Former or OF CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Automobile factory. "Inaterial worked on may form part of the second "Statement. Never return "Laborer," "Foreman." who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesse of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canscpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

certificate.

of

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m ż PARENTS

16

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER

state Very

### 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULA 3 BEX 4 COLOR OR RACE (Month) 7 AGE 68 ...mos..... 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country)

MARRIEO. WIDOWEO.

If more blanks are needed, addre

ORDIVORCEO

(Day

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[It death occurred in a hospital or Institution. give its NAME instead of street and nomber.]

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH July 27 1913
,	(Month) (Day (Year)
1	7 I HEREBY CERTIFY, That I attended deceased from July 24, 1913, to July 26, 1913,
	<i>f</i> .
ŧ	hat I last saw have allve on July 26 ,191
,	and that death occurred on the date stated above, at 1230 A.m.
	The CAUSE OF DEATH* was as follows:
	Cue brial Humanhay
	•
	(Duration) yrs mos ds.
	Contributory Curlinal Humorhye Secondary
	(Duration) yrs mos ds.
	(Signed) Claus III, Harry, M. D.
	July 27, 1913 (Address) Beauto appointing
,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
1	at place In the
	ot death yrs mos ds. State yrs mos ds
	Where was disease contracted, It not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Ranberidge nd July 29, 1913
	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

: Grocery; (a) Foreman, (b) Automobile factory. a material worked on may form part of the second .- (a) Spinner, (b) Cotton mill; (a) Salesman, "Manager," "Dealer," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. eated thus: eausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eouditions, such as "Asvalvular heart disease; Chronic interstitlal nephritis, ecr" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Candent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Hacmorrhage," "Inaultion," "Marasaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomeucla-"Contributory." scpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 (Recommendations on statement of Never report For viod8.;



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PHYSICIANS of OCCUPAT
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.
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PLACE OF DEATH 9594
County Lacketton

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No.

Cedor IX

..St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

*FULL NAME & COLOR OF STATE OF				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	16 DATE OF DEATH July 23 ,1913 (Month) (Day (Year)			
E DATE OF BIRTH  JULY 23  (Month) (Day (Year)	17   HEREBY CERTIFY, That I attended deceased from hut at all 191, to			
Presentero Bith. 8 mos. 1 day. S. hrs. OR min. ?	and that death occurred on the date stated above, at			
(a) Trade, profession, or particular kind of work	Francia Birth.			
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds			
9 BIRTHPLACE (State or country) Canbeirdge well	Secondary (Duration) yrs. mos. ds.			
10 NAME OF FATHER Glouge Smith  11 BIRTHPLACE OF FATHER (State or country)	(Signed) E. E. Wolff. G. R., M. D. Jahr 23, 1913. (Address) Cambridge Mrs.			
OF FATHER (State or country) Malysland  12 Maiden Name OF MOTHER OF A LOS	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) Carbendal mil	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jane Enough	Where was disease contracted, It not at piace of death?			
(Address) Canbridge Inch	Canble of Burial OR REMOVED & DATE OF BURIAL Canble of Street Maria 1913.			
Filed hly 28, 1913 2 swalf	20 UNDERTAKER BOORESS			

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neeness of various pursuits ean be known. The question gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no oecupation whatever, write None, eated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise speci-(a) Spinner; (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, totanus) may be stated under the head of etc., when a definite disease can be ascertained as the volvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of..... ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (name origin; "Can-State cause for Never report



	PLACE OF DEATH	9595	STATE OF MARY	LAND
	Dorchy le	-		DEATH
C	ounty Machine Company		Registration Dist.	1111.
٧	illage or City Take	elian (	st; Ward)	[If death occurred to a hospital or institution, give its NAME lostead of street and number.]
,	PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
35	4 COLOR OR RACE	5 SINGLE, MARRIED WOULD WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH July (Month)	3 ,191.3 (Year)
8 D	ATE OF BIRTH	(WING the Hold)	May /2 1913 to May	ended deceased from
	(Month)	(Day) (Year)	that I last saw h Lee alive on Mac	7 , 191.3
TAGE  (Stottl)  (Stottl)  (A)  (Stottl)  (A)  (A)  (Bay)  (Teal)  (A)  (A)  (Bay)  (Teal)  (Bay)  (Teal)  (A)  (Bay)  (Teal)  (Te			and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	ove, at & a m,
(b) bus whi	General nature of industry, iness, or establishment in ch employed (or employer)  RTHPLACE tate or country)	in.	Contributory Occasion y	h Ruerd is.
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	hang hang	(Signed)  (Signed)  (Signed)  (Address)  State the Disease Causing Death, or, in d Causes, state (1) Means of Injury; and (2)  Tal, Suicidal, or Homicidal.  19 Length of Residence (for Hospitals, Inst	) Whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	tome	At place in the of death yrs mos ds. State	yrs, ds.
	(Address)	OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or.  usual residence	TE OF BURIAL
15		0	alasmil &	CA 57, 1913
Fil	ed July 10 , 19 PS	REGISTRAR	20 UNDERTAKER AD	DRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"material worked on may form part of the second "Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; who have no occupation whatever, write None been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichac-"Heart failure," "Haemorrhage," "Inanition," "Marassepsis, tetanus) such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head "Dropsy," "Exhaustion," ... (name origin; "Can-The nature of the Never report de.;



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH should ion is Registered No. // 0 OCCUPAT Ilf death occorred is PHYSICIANS .....Ward) a hospital or Institution. RECORD give its NAME instead of street and oumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH SEX 4 COLOR OR RACE 5 SINGLE, 20 MARRIED. WIDOWED. (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 8 OCCUPATION AGE (a) Trade, profession, or INK particular kind of work... (b) General nature of industry. business, or establishment in ADING may which amployed (or employer) 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 0 0 pe 2/, 191-3 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) pinous \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER ons Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 Instruct At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mes. \_\_\_\_ds. EATH State \_\_\_\_\_ yrs \_\_\_\_ mos. Where was disease contracted. If not at place of death? See 9 Former or 9 Item usual residence mportant. Every Ite DATE OF BURIAL 15 m If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

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[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer; Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "Purperal septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senfile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthonla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mails mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1918 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

	PLACE OF DEATH 9597	STATE OF MARYLAND
Go	unty Dochester	CERTIFICATE OF DEATH
	/ 1	Registration Dist. No. //5
VII	lage or City Fishing Creek (No	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RAGE 5 SINGLE,	16 2475 05 254711
7	nale White (Write the word)	(Month) (Day (Year)
6 0	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Set Timber 13 ,917	1911 to July 6th , 191 \$.
	(Month) (Day (Year)	that I last saw h. have alive on
TA	II LESS than	and that death occurred on the date stated above, at
	5 yrs 9 mos 28 ds. or min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	Curhosio of Jones
	Trade, protession, or Zeonal Trade, protession, or Trade, protession, protession	sacitor Otstonetions to partial conclation
(b) General nature of industry, business, or establishment in		delatation of heart
Whi	ich employed (or employer)	(Duration) X mosds.
9 B	(State or country) Souchester Co, Md.	Secondary
-	10 NAME OF	(Duration)yrsmosds.
	FATHER John W. Creighton of S.	(Signed) To the House You, M. D.
TS	11 BIRTHPLACE OF FATHER	July 6th, 1913 (Address) Fraling Cresh Tus.
N N	(State or country) Anchester, Mo.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PARENTS	12 MAIDEN NAME OF MOTHER Daisy 1 County	
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place
_	OF MOTHER (State or country) Dorchester Co, Md.	ot death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Informant) John W. Creighton of S.	Former or usual residence
	(Address) Fishing Creeks Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(number)	Fishing Creek Church yard July - 6th, 1913
FII	ed July 6th 1913 W. A. Hono tron	20 UNDERTÄKER ADDRESS
	Secol REGISTRAR	WM. H. Simmong & Co Fishing Creek My
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, write None. "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. " "Old Age," "Shock," "Uraemia," "Weakness," is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," Never report



### PERMANENT XZ

RECORD that it 5 back Instructions pial \_ of Inform Item Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 115 Tit death occurred in .Ward) a hospital or Institution. give its NAME instead of street and number. I <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, DATE OF DEATH 4 COLOR OR RACE MARRIED. narthe WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended DATE OF BIRTH (Month) (Day (Year) she was torn dead TAGE It LESS than and that death occurred on the date stated above, at 1 day Ohrs. The CAUSE OF DEATH\* was as follows: OR .Q. min. ? BOCCUPATION (a) Trade, protession, or Tronce particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country PARENTS 191.3. (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place in the ot death ..... yrs. .... State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ ds. Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or (Intermant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Irshung lies 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

\* material worked on may form part of the second statement. Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

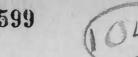
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### N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

9599 1 PLACE OF DEATH



### STATE OF MARYLAND

County Vov.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Aurlock (No, Park Williage of City Aurlock)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR ON OPEN THE WOOD (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH March 29, 19/3 (Month) (Day (Xear)	that I last saw hid salive on fee her 195
7 AGE  If LESS than 1 day, hrs.  yrs ds OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	Chilesa Dufantum
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 4 ds.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs. mos. ds.
O 11 PIPTUPIACE	(Signed) 9 9 9 M. D.
I BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER MANUA HOLINES  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Huslock MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MULY 1, 191
Filed July 1,191 9 150 ENT & Hasting	20 UNDERTAKER WILLOUGH ADDRESS HUNGER
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Regarding V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The naterial worked on may form part of the second statement. Never return "Laborer." "Foreman." ness. should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1918

1 1918 Rod pen

	should 10N I
RECORD	PHYSICIANS should of OCCUPATION I
THE PERMANENT RECORD INV-INIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.
	Every Item CAUSE OF Important.

1 PLACE OF DEATH County Doze hester

9600

STATE OF MARYLAND CERTIFICATE OF DEATH

St :----Ward)

Registration Dist. No

[if death occurred in a hospital or institution. give its NAME instead of street and number. 1

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIEO, WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH . 191.3. to... that I last saw h.1.72 allve on ... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 10 /t, m. 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) Deneral nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OFFATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. 14 THE ABOVE IS TRUE TO Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, aterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tctanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenpenal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "hanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V. S.

Very CERTIFICATE OF DEATH should ION Is OCCUPATION Registration Dist. No. PHYSICIANS Ilf death occurred in St.:....Ward) RECORD a hospital or Institution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS PERMANENT MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) (Day (Year) BINDIN I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 00 and that death occurred on the date stated above, at .. cia 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work SERVE (b) General nature of industry UNFADING business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory certifica (State or country) Secondary 10 NAME OF FATHER of (Signed) ARGIN WITH back terms, 11 BIRTHPLACE PARENT **OF FATHER** (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE OF MOTHER (State or country) At place In the of inform DEATH of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. \_\_\_\_ mos. ... Where was disease contracted. If not at place of death?. Former or POF mportant. usual residence Every It 15 20 UNDERTAKE 8 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

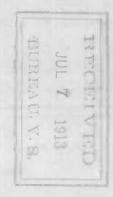


[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

lcsis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," "(Croup";) brospinal meningitis"); Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubcrcupneumonia; Bronchopneumonia Diphtheria (avoid use Carcin-

> etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily The contributory Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO Important. See instructions on back of certificate.
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STATE OF MARYLAND archeste. CERTIFICATE OF DEATH Registration Dist. No. 118 Ilf death occurred to .Ward) a hospital or institution. give its NAME Instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WICOWEO. (Month) ORGIVORCEO I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH that I last saw h..... alive on ..... (Month) (Day) TAGE If LESS Than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... mln. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) yrs. mos which employed (or employer) -----9 BIRTHPLACE Contributory... (Secondary) (State or country) (Duration) .....yrs.....mos 10 NAME OF FATHER 11 BIRTHPLACE ...., 191 ..... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted. 14THE ABOVE IS TRUE if not at place of death? ... Former or (informan1) usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRES



# CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Greeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (4)

losis of lungs, meninges, peritonacum, etc.. pneumonia"); brospinal meningitis"); Diphtheria (avoid use fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted causing prate (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE for the same disease. Examples: Corcbrospinal Typhoid fever Lobar pneumonia; Bronchopneumonia (never report Carcin-

> cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Putaperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasinjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritts ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malk oma. Sarcoma. etc., of ... The contributory tetanus) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the death), 29 ds.;

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



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Gou	1 PLACE OF DEATH Director 9603	STATE OF MARYLAND CERTIFICATE OF DEATH	
Cou	ne airens	Registration Dist. No. //6	
Villa	2FULL NAME Elizabeth Fa	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	Color of Race   Single, Married, Willowed, Ordivorced (Write the word)	16 DATE OF DEATH July 22 ,1913 (Year)	
B DA	TE OF BIRTH  Much	that I last saw here alive on about June 30, 1913	
7 AG		and that death occurred on the date stated above, at 4.30 P. m. The CAUSE OF DEATH* was as follows:	
(a) 1 parti (b) busin which	CUPATION  Frade, profession, or  cular kind of work.  General nature of industry,  ess, or establishment in  h employed (or employar)  RTHPLACE  State or country)	Toloular Heart Descal & Chronic Scaplants  (Ouration) Leakan mos. ds  Contributory Secondary	
ENTS	10 NAME OF Ewoch Wilson.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)	
	13 BIRTHPLACE OF MOTHER (State or country) Wukuru	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs mos ds  Where was diseaso contracted,	
(Informant) Robert Francow		If not at place of death?  Former or  usual residence.	
15 Filed	Joese REGISTRAR	Jewis H. Bayneum.  Part of Burial  Part of Burial  July 24, 1913  20 UNDERTAKER  Jewis H. Bayneum.  Jewis H. Bayneum.  Jerrar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.	



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistajement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Gracery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Archilect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," engineer, (b)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid ineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclu-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion," The nature of the Never report



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	BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	
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1 PLACE OF DEATH

9604

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 118

..St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Any Gold	e Fitchigh of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  July 16, 191.3  (Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from
Month 26 (Day) (Year)	hat I last saw h & alive on July 25 , 1913
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atated above, at 3 am, The CAUSE OF DEATH was as follows:
OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry.	
business, or establishment in which employed (or employer)	Contributory Contributory Contributory Contributory
BIRTHPLACE (State or country) Marifland	(Secondary)  (Deration) yrs 2 mes - ds
10 NAME OF FATHER I ON Hitchugh  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Uctor (Carallel) (Signed) Uctor (Carallel) (Address) (Carallel) (M. D. Causes, state (1) Means of Injuny; and (2) whether Accidentally, Orline (Causes, State (1) Means of Injuny; and (2) whether Accidentally (Causes, Sulcipal, or Howicipal, Causes, Sulcipal, Orline (Causes)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) A HATCH WE HEST OF MY KNOWLEDGE	If not at place of death?  Former or usual residence
(Address) tohunch torus	Tohuch Creek fully 27, 1913.
Filed July 6 , 19t. 3 John   July REGISTRAR	Sonald Richards Palnich La
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Projecty; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer Never return (retired 6 yrs.). For persons "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberoulosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion, (name origin; "Can-The nature of the Examples: For vioda .;



N. B.—Every Item of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

1 PLACE OF DEATH	STATE OF MARYLAND
Dorcleuter 9605	CERTIFICATE OF DEATH
County	Registration Dist. No. 116
Carolin Off. a Caro	1-MO Horst
Village or City (No	St.;
Quantle A 74	give its NAME instead of street and number.]
FULL NAME Martha M. 17	a downy
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MEM'S &	16 DATE OF DEATH Sels 21
WIDDWED.	(Month) (Day) (Year)
/ (Witte the word)	17 I HEREBY CERTIFY, That attended deceased from
DATE OF BIRTH Werkhow 1867	July 16 , 1913, to July 21 , 1913,
(Month) (Day) (Year)	that I last saw h alive on Jac 24 , 191 3
7 AGE If LESS than	and that death occurred on the date stated above, at 4.30 P. m.
46 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs	(ascinoma of Stomach -
OCCUPATION (a) Trade, profession, or	X
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	
business, or establishment in	(Ouration) / yrs. mos. ds.
which employed (or employer)	Contributory Openation for an of Hernio
(State or country) Mary land	(Secondary)
10 NAME OF MI	(Oration) yrs mos ) ds.
FATHER Thos. 1. Ceremens	(Signed) Strong , M. D.
O 11 BIRTHPLACE 4	July 1, 191 3 (Address) Casulady Ma
11 BIRTHPLACE OFFATHER (State or country) Manyland  W 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
C 12 MAIDEN NAME A L A	TAL, SUICIDAL, OF HOMICIDAL.
a rancy forth	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Monty Land	At place in the of death yrs mos ds. State yrs, mos ds.
14THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
9. 704/	If not at place of death?————————————————————————————————————
(Informant) adward / Meaddaway	usual residence
(Address) It I homan Paland, M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 0 SEINE	Telghman Faland July 2 8 4, 191 8.
Filed July 21 , 1913 Wooff	20 UN FERTAKER ADDRESS
Frul REGISTRAR	It Me Meller 11300 le ambredge he
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry; and therefore an CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the dibease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. TENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For viomia," "PUEEPEEAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. uant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion, Never report Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

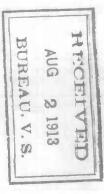
County Dronester 9606	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Near Hourbook No.  2 FULL NAME Rossie 6	St; Ward)  [It death occurred a hospital or instituting give its NAME insteed of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Golord Single, Married, Married, Modern Ondivorced (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased fro
S DATE OF BIRTH Sont. 1674	7/8 , 1913 to 7/9 , 1913 that I last saw has allve on 7/9 , 1913
7 AGE  3 8 yrs. 8 mos. ds. ORmin.?  8 OCCUPATION (a) Trade, profession, or Homeon Williams of the company o	and that death occurred on the date stated above, at 6.500 m
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Archesier	Contributory (Buration) yrs. mos. d (Secondary) (Duration) yrs. mos. d
10 NAME OF Lowing.  11 BIRTHPLACE OF FATHER (State or country) Dorchester  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) JROGG SM. M. [  7/ 0 , 191.3 (Address) JROGG MALE  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Mary o Sampson  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs
(Informant) Cause Joung	Where wes disease contracted, If not at place of death?  Former or usual residence.
(Address) East Obser Marte	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Past New Market July 1, 191

[Approved by U. S. Census and American Public Health
Association.]

- material worked on may form part of the second fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiessary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Concer" is iess definite; avoid use of "Tumor" for mall; injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 da.; "Exhaustion," Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED V. S. No. 1.

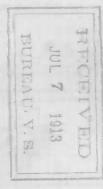
	1 PLACE OF DEATH	9607	the or special property.	STATE OF MAR	YLAND
10-	A orchester	Appendix .		CERTIFICATE OF	DEATH
Got	inty		A	Registration Dist	No1/6
Viil	age or City Name Ac	dolph 7	birt	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL	PARTICULARS		MEDICAL CERTIFICATE OF	DEATH
3 se	1 11:00	SINGLE, MARRIED, MARRIED, DANS DE DIVORCED Write the word)	16 DATE OF DE	ATH July 13 (Month) HEREBY CERTIFY, That I	(Day (Year)
6 DA	TE OF BIRTH Suff. (Month)	/Q~, 1882	1 2	rof Sprende	nte of the fig.
7 A C	30 yrs 10 mos	If LESS than 1 day,hrs.		ccurred on the date stated DEATH* was as follows:	above, atm,
(a) par (b) busi	CCUPATION Trade, profession, or ticular kind of work.  General nature of industry, ness, or establishment in the employed (or employer)		dat	/ (Buration)	yrs. mos. ds.
	RTHPLACE (State or country) Aubra	aska	Contributory Secondary		yrsdsds.
TS	10 NAME OF FATHER Adolp	h West	11	The Use.	lefatuel
PARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  GLAZ  GENERAL OF COUNTRY)	1 Pknow	18 LENGTH OF OR RECENT RE	In the	Institutions, Transients,
	HE ABOVE IS TRUE TO THE BEST OF Informant). Hers Helen	Mande	Where was disease If not at place of de Former or usual residence	contracted, ath?	yrs, ds
16 File	ed July 14 1913	Eljolf REGISTRAR	Pank 20 uppertake	70 7000	puly 14 , 1913. ADDRESS
	If more blanks are		strar, 6 E. Franklin	St., Balto., Requesting V. S.	

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under Always qualify all diseases resulting from (Recommendations on statement of State cause for the head For vio-



	PLACE OF DEATH 9608	STATE OF MARYLAND
Co	ounty Dorchester	CERTIFICATE OF DEATH
	0 1 - 1	Registered No.
٧	illage or City Decretary (No.	St; Ward) [If death occurred a hospital or institution
	* FULL NAME Backel a.	Howard give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	** ** ** COLOR OR RACE SINGLE, MARRIED, SINGLE WIDOWED, WIDOWED, ERDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	Much 3 - 1839  (Month) (Day) (Year)	Det. 16, 1912 to July 29, 1913 that I last saw her alive on July 29, 1912
7 AG	if LESS than	and that death occurred on the date stated above, at VP m
i	74 yrs. 4 mas, 2 ds. or. min.?	The CAUSE OF DEATH * was as follows:
(a) par	Trade, profession, or flourse Wife  General nature of Industry,	Chronic Replietes
bush	ness, or establishment in ch employed (or employer)	(Duration) yrs mos cs
9 BI (St	RTHPLACE (ate or country) Sussieks Co hel	Contributory (Secondary) (Deration) yrs mos cs
	10 NAME OF HOM AUR Phillips	(Signed) F. F. Rucolo, M. D.
NTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT
ARE	12 MAIDEN NAME OF MOTHER NAME	CAUSES, state (1) Means of Injury; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.
۵	13 BIRTHPLACE OF MOTHER (State or country) Delaware	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
(	Informant) January Howard	Former or usual residence
15	(Address) Gall Mondel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	d, 161	20 UNDERTAKER ADDRESS ADDRESS
	REGISTRAR	111.22/1/952.10

MARGIN RESERVED FOR BINDING

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. :(a) Spinner, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

chidbirth or miscarriage, as "PUERPERAL septichaeture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably swicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy, ample: Mcasics (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Never report Examples:



	RECORD	PHYSICIANS should state
S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
02		IN]

ż

County.

Village o

PLACE OF DEATH	9609
Dorchester	(13)
or City Golden	Hill (No.

### **STATE OF MARYLAND** CERTIFICATE OF DEATH

Registration Dist. No. 113

St. .....Ward)

[It death occurred in a hospital or institution,

	FULL NAME /m Bank	Hugher give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	Male Ward (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
1	ATE OF BIRTH  (Month) (Day (Year)	that I last saw h was allve on July 3 , 1913.
7 A	GE It LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at 2 @ m, The CAUSE OF DEATH* was as follows:  Hydro-Ishobia
(a pa (b) bus wh	Trade, profession, or ricular kind of work  General nature of industry, ciness, or establishment in lich employed (or employer)  IRTHPLACE (State or country)	(Duration) yrs. mos. 5 ds.  Contributory Secondary
	10 NAME OF FATHER Arthur Hugheau	(Signed) On M. Shaves, J. M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  17 MOTHER  18 MOTH	State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)  Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the ot death yrs mos ds Where was disease contracted,
	(Interment) Mr. Cotta Simular	It not at place of death?  Former or usual residence
16	(Address) Church tercele Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. John's Centery July 5, 1913

REGISTRAR

If more blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

.statement. cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Nanager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

pueumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to icsis of lungs, prosbinar fever (the only definite synonym is ("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubercujever (never report "Typhoid "Epidemic cere-Carcin-

> childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," The nature of the "Exhaustion," Never report For vio-



RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

9610

1 PLACE OF DEATH

### STATE OF MARYLAND

Gounty Worchester	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (AN) Marke (No. ,	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Month) (Day (Year)	that I last saw h LN alive on My 3, 1913
TAGE  If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  11 BIRTHPLACE (STATE OF FATHER)  OF FATHER	(Signed) (Duration) yrs mos ds.  (Signed) (Address) 6, 1, Market, Mark
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Volchester C.	At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted.
(Informant)	If not at place of death?————————————————————————————————————
(Address) Unuapolis	19 Phace of Burial ORIREMOVAL DATE OF BURIAL  20 UNDERTAKER  20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Regnysting X. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be ludi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nuqualified, is indefiuite): Tubereucests of lungs, meninges, peritonaeum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... (uame origin; "Cansuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all discases resultlug from Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 2 1913

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SEP 13 1913

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Lunch lark (No. 2 FULL NAME No Warre	St.; Ward)  [If death occ a hospital or in give its NAME of street and no
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Your line)  17 I HEREBY CERTIFY, That I attended deceased
BOATE OF BIRTH  Sionth) (Day) (Year)	, 191, to
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at  The CAUSE OF DEATH* was as follows:  The Was Was as follows:  The CAUSE OF DEATH* was as follows:  The CA
9 BIRTHPLACE (State or country) Brulusto bo	Contributory (Secondary)  (Quration) yrs mos  (Signed) Uttor Cauchy
11 BIRTHPLACE OF FATHER (State or country) Druhuster & O  12 MAIDEN NAME, OF MOTHER UNA Fracusa	*State the DISEASE CAUSING DEATH, or, in deaths from Viol CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Souluster Go  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place In the of death
The Assertation of the Assertati	It not at place of death?  Former or  usual residence.  19 PLACE/OF BURIAL OR REMOVAL DATE OF BURIAL
(Intermant) Trut fuguere (Address) Church Crick Ma	Such Seeke July 10

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). Grocery; (a) Foreman, (b) Automobile factory. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., with int it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative kealthfuiwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "I borer," If the occupation has re precise speci-Salesman, As examples "Foreman,"

pneumonia"); Lobar pneumonia; Bronehopneumonia time and causation), using always the same accepted causing drath (the primary affection with respect to brospinai ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc.. for the same disease. meningitis"); Diphtheria Typhoid fever unqualified, is indefinite); Tubercu-Examples: Cercbrospinal (never report "Typhoid (avoid use of Carcin-

> such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the valvular heart disease; Okronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Potsoned Accidental drowning; Struck by railway train-aect-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Tuesperal septichae--Kart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_\_ is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. "Old Age." "Shock." 'Traemia," "Weakness," Aiways qualify all diseases resulting from "Senile." (Recommendations on statement of may be stated under etc.), "Dropsy," \_ (name origin; "Can State cause for "Exhaustion," the head Never report Examples:



### PERMANENT 4 UNFADING INK-THIS IS WITH

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD stated EXACTLY. of information should be carefully supplied. AGE should be significant of the property classified. See instructions on back of certificate. PLAINLY, WRITE CAUSE OF important. 'n ż

1 PLACE OF DEATH	9612	
Gounty County	rete	nt th
William Carella		on Pine

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Ca	whereof (No. 4	00 Pine a	or Robbist	Ward)
	a reje		0	
2 FULL NAME	Louisy	real	John March St.	1

[If death occurred in a hospital or lostitution, give its NAME instead of street and nomber. ]

	FULL NAME	A State of the Sta
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, Woldown J. ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 D	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Suly 7, 1915, to July 7, 1913, that I last saw han alive on July 7, 1913
7 A	GE   If LESS than   1 day,	and that death occurred on the date stated above, at 10 P m, The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION ) Trade, protession, or rilcular kind of work	arlen-Iclervsis -  (Duration) yrs. mos. ds.
9 B	IRTHPLACE tate or country)	Contributory (Secondary) (Duration) yrs mos ds.
S	10 NAME OF FATHER Zunknown	(Signed) & Orice, N. D. July 15, 1913 (Address) Cambridge 1110
Z OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
P.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.
	(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence.
15	(Address) 3.0.2 P. 1.2.2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Carelle Symbol Symb
Fi	ed sily 15-1913 Though	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH [Approved by U. S. Census and American Public Health

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers fication, as Dey laborer, Form laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfui-Houscwife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unquaiified, is indefinite); Tubercubosis of lungs, meninges, pertionaeum, etc... Carcin-

by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TRINCIPITY ED

JUL 7 1918

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	PLACE OF DEATH 9613	STATE OF MARYLAND
	ounty Forchester	CERTIFICATE OF DEATH
Go	ounty so concern	Registration Dist. No. 116
V	illage or City Carely Rec (No 6 1,	Soughass St; Ward)  [it death occurred in a hospital or institution, give its NAME instead
	*FULL NAME Infant	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  4 COLOR OR RACE  MARRIED, WIOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
8 D	(Month) (Day) (Year)	July 14, 1913, to July 16, 1913, that I last saw have allow on July 16, 1913
7 AC	If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 10 Pm, The CAUSE OF DEATH* was as follows:
(a) par	Trade, profession, or ficular kind of work.	
busi Whice	General nature of industry, ness, or establishment in the employed (or employer)	Contributory. (Duration) yrs. mos. 3 ds.
(St	ate or country)	(Secondary)  (Daration) yrs mos ds.
	10 NAME OF Walter Lifon	(Signed) COPrice, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER Julia Kiele	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  M.	At place in the of death yrs, mos ds. State yrs, mos ds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
	(Address) Las Douglass It Cambridge)	79 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	d July 17, 1913 Egwolf REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS MA
	If more blanks are needed, address State Begistra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrerral scottchae affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritik cer" is less definite; avoid use of "Tumor" for malig "Contributory." usat acopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUL 7 1918

BUREAU. V. S.

	RECORD	PHYSICIANS should state of OCCUPATION is very	
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	3 ( ) 6 7 7 8 9 6 VENERAL OF O
	ITE PLA	of Information	14
T. B. No. 1.	WR	N. B.—Every Item CAUSE OF I	16

Village or City Kar Buckton (No. 2 FULL NAME Mary La.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX A COLOR OR RACE   5 SINGLE, Desigle MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the WORD)  6 DATE OF BIRTH  So not Revery, 19/2  (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from 29, 1913, to July 10, 191, that I last saw har alive on July 9, 1913
(Month) (Day) (Year)   7 AGE	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland	(Boration) yrs. / mes. 7 ds.  Contributory Convoleins- (Secondary)
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Mary Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
(Address) Anchtown Ind	If not at place of death?  Former or usual residence
Filed July 10, 1913 E. E. Wolff	20 UNDERTAKER JADDESS

if more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In all all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cbildbirth or miscarriage, as "PUERPERAL septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastes (disease causing death), 29 ds.: injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can Examples:



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County.... Registration Dist. No. Ilf death occurred in ..Ward) a hospital or institution, give its NAME instead of street and number. ] 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED/ / (Month) (Dav (Year) ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h LM alive on / (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The GAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION auce (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ... Contributory... BIRTHPLACE Secondary (State or -country 10 NAME OF FATHER M. D. ARENTS 11 BIRTHPLACE . 191 (Address) OF FATHER \*\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS THUE TO KNOWLEDGE If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto., Roughting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

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> affection need not be stated unless important. ample: valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. tnrc of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite discase can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of may be stated under the head of Never report

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### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDDWED. (Month) ORDIVERCED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death, from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence ON REMOVAL BURIAL

191

(Year)

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association. ]

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> oma, Sarcoma, etc., of...... (name origin; "Canaffection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of ds.;

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-once. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

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BIRLAU, V. S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

Cot	1 PLACE OF DEATH 9617	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1/6
Vilt	age or City Cambridge MoMae 2FULL NAME Hatie May	Merreel [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fe.	male alete Single,  MARRIED, MOUNCEL  ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DA	September 3, 1883	that I last saw h en alive on fune 29th, 1913
TAG		and that death occurred on the date stated above, at / m The CAUSE OF DEATH* was as follows:
(a) par	Trade, profession, or flausew fe  General nature of industry,	reacted her home. Death
whice 9 B I	ness, or establishment in the employed (or employer)  RTHPLACE (State or country)	Contributory (Duration) yrs mos ds
S	10 NAME OF GEO. CU, Cebbott.  11 BIRTHPLACE	(Signed) 6 Les 24. 18 auby, M. B.  July 14. 191 3. (Address) 6 ambury 2700
PARENTS	OF FATHER (State or country) Marylacea  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Manfaula	Of RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted,
	Informant) COLU, Color MY KNOWLEDGE	If not at place of death?  Former or  usual residence.
16	(Address) Cambridge Her	19 PLACE OF BURIAL OR REMOVAL  Church Cicely 15, 191 0  20 UNDERTAKER  ADDRESS
File	Joens REGISTRAR	Le Compartantes
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

\* statement. material worked on may form part of the second "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseAsE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: thenia," "Auacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



### N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH

PLACE OF DEATH 96.

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County Dorchesly



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. ///

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[If death occurred in a hospital or institution, give its NAME instead of afreet and number.]

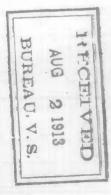
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH  Suly (Month)  (Day)  (Year)
	that I last saw he alive on
yrs. 1 mas. 2 ds. OR min.?  BOCCUPATION (a) Yrade, profession, ar particular kind of work (b) General nature of industry, business, or establishment in which emplayed (or employer)  BIRTHPLACE (State or country)  Manual Land	The CAUSE OF DEATH* was as follows:  Choline Infantuus  (Duration) yrs. mos. 5 ds.  Contributory (Secondary)
11 BIRTHPLACE OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Osration) yrs mos ds.  (Signed) (Signed) (No. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
OF MOTHER Aldora Jones  13 BIRTHPLACE OF MOTHER (State or country) Meryland-  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Long Jones	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) E % marful md	19 PLACE OF BURIAL OR REMOVAL DATE, OF BURIAL  20 UNDERTAKER  H. H. Mongabby E. M. Magel

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as "Acatlon, as Day laborer, Farm laborer, Laborer-Coal duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not nunc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease in a causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of sucb, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichae--Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned. Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Examples: For vio-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. ZIOZIO Cia proper Ш ERV should DEATH 50 OF Every it

80

### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No./// Ilt death occurred to St.:....Ward) a hospital or lostitution. give Its NAME Instead of street and number. ] PERSONAL AND SPATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. day.....hrs. The CAUSE OF DEATH \* was as jollows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) certificate. BIRTHPLACE Contributory ... (State or country) Secondary 10 NAME OF FATHER 50 back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. CO 12 MAIDEN NAME ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ..... yrs. .... mos. ... State \_\_\_\_\_ yrs, \_\_\_ mos. \_ ds. Where was disease contracted. If not at place of death? Former or usual rosidence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) if should be and and the latter statement; statement. the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is necness of various pursuits can be known. The question duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal exary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid—use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carefre

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Never report 01



PHYSICIANS should state of OCCUPATION Is very RECORD statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 6 SINGLE. MARRIED, WIDOWED, BINDING (Write the word) Exact stated 6 OATE OF BIRTH ciassifled. 4 (Month) (Day (Year) S 7 AGE pinous If LESS than FOR -THIS 1 day ......hrs. properly M BOCCUPATION INK (a) Trade, profession, or F particular kind of work supplied. pe (b) General nature of industry, ESERV UNFADING business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) carefully that a 10 NAME OF FATHER 80 0 MARGIN WITH back PARENTS 11 BIRTHPLACE terms, pinous OF FATHER (State or country) 6 12 MAIOEN NAME PLAINLY plain See Instructions OF MOTHER information OF MOTHER (State or country) = DEATH WRITE 0 10 mportant. (Address) 16 REGISTRAR

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

If death occurred in ....Ward) a hospital or Institution,

give Its NAME Instead ot street and number.]

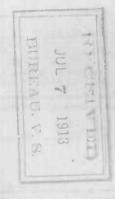
While    Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Tely 30, 1913  (Month) (Day (Year)
(Month) (Day (Year)  (Month) (Day (Year)  If LESS than 1 day,hrs. ORmin,?	that I last saw here alive on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows:
non	Vilin Colif
istry, nt In yer)	Contributory Mening Ms. 7 ds.
Cambridge - Ind	(Duration) yrs mos Z ds
intry) Cambudge ma	(Signed) T3N Isla Corney M. D.  Teg 30 ,191 3 (Address) Cambridge, M. A.
Carlin Bradley	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
untry) Mardella Springo UE TO THE BEST OF MY KNOW LEDGE MA	At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted.
s Emma Price	if not at place ot death?  Former or usual residence
ambudge ma	19 PLACE OF BURIAL OR REMOVAL Ind. DATE OF BURIAL  Cambudgeumuty Anhy 31, 1913
Local REGISTRAR	20 UNDERTAKER LADDRESS Combudge rar, 6 E. Franklin St., Balto., Reducting V. S. No. 1.
are needed, address State Regist	rar, o E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons been ehanged or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, cte. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (seeondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



### UNFADING INK-THIS IS PLAINLY, WITH

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. 4 certificate. See instructions on back of Every item of information should be CAUSE OF DEATH in plain terms, s Important. N. B.-

9621

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 1/6
Village or City Cambridge (No. , )	Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE  MARRIED, WIDOWEO, ORDIVORCEO (Write the word)	Month) (Day (Year)
8 DATE OF BIRTH  (Month) (Day (Year)	that I last saw have alive on bary day 13, 1913,
7 AGE  Vers. 10 mos 27 ds. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed) Chub hithery, M. D.  July 1. 191. (Address) Gambury MM  *State the Displace Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (For Hoapitals, Institutions, Transients, or Recent Residents)  At place In the of death yrs, mos. ds. State yrs, mos. ds.
(Informant) Salay Roberts  (Address) Madhangton of Canadada  16 Filed 13, 1913 Erwolff REGISTRAR	Where was disease contracted, If not at piace of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Cambridge Md, July 14, 1913.  20 UNDERTAKER  ADDRESS  Jurying & Ly Clear City

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the nisease gainfully employed, as At school or At home. Care Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION Is very RECORD PERMANENT stated EXACTLY. UNFADING INK-THIS AGE e carefully supplied. so that it may be DEATH in plain terms, so that it m See instructions on back of certificate. WITH Every item of information should be CAUSE OF DEATH in plain terms, s

Important.

N. B.

9622 PLACE OF DEATH Worehester. Viilage or City



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

St; .....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Wice Wirginia Robinson		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Sex Color or race Single, Married, Wisowed, Orbivorced (Write the word)	18 DATE OF DEATH  (Morth)  (Day)  (Year)  17  I HEREBY GERTIFY, That I attended deceased from	
B DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h ex alive on 6/27 1913.	
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 8-10-Qm, The CAUSE OF DEATH* was as follows:	
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. 8 mos ds.	
(State or country) Maryland,	(Secondary)  (Duration)  yrs. mos. ds.	
10 NAME OF BOOK ROSINSON,  11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF OF MOTHER OTHER OF MOTHER OF MOTHER OTHER	(Signed)	
of Mother Udaline Bolden,  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death	
(Informant) Adaline Rovinson	Where was disease contracted, It not at place of death?  Former or usual residence	
Filed July 3 and Tokut Lyastugo REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  10 resurry Cernelery July 3. 1913  20 UNDERTAKER  5 To Transform & Son, Tederaleburg	
If more blanks are needed, address State Registrar, 6 B	G. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by L. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrbage," "Inanition," "Marasgenital," "Senfle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10. ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



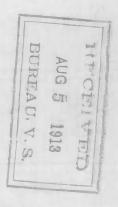
	PLACE OF DEATH	STATE OF MARYLAND
	inty Dordanter	CERTIFICATE OF DEATH
Cot	inty A) or waster	Registration Dist. No. 11.5
Viii	age or City Tropsrardly (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ala Clarad Single,  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
8 D#	TE OF BIRTH  (Month)  (Day  (Year)	that I last saw h. Er attended deceased from July 21 27, 1913, to July 21 27, 1913,
TAC		and that was form dead above, at 1 A. m.  The CAUSE OF DEATH* was as follows:  Premature (Still Birth
(a) par (b) busi whi	Trade, profession, or ticular kind of work.  General nature of industry, ness, or establishment in the employed (or employer)  RTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory Secondary
	10 NAME OF FATHER albert Ross	(Signed) The Hanstoy M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Sochesty Co., Ind.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) preheater C. Jud.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
	Informant) Albert Ross	Where was disease contracted, if not at place of death?  Former or usual residence
15 File	(Address) Stor Residence and July 21 of 3 To A Houston MA)	Hoodarantle, Ind. July 22 1913. 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regist	The state of the state of the

[Approved by U. S. Census and American Public Health Association.]

material "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal surtement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be Indiworked on may form part of the second Womeu at home, who are engaged in the Never return "Laborer," 6 yrs.) For persons As examples: "Foreman,"

pneumonla"); "Croup";) brospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., for the same disease. Examples: Cercbrospinal meniugitis"); Diphtheria Typhoid fever (never report "Typhold Lobar pneumonia; Bronchopneumonia unqualified, ls indefinite): Tubercu-(avoid use Carcin-

> ture of the American Medical Association.) childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need uot be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report cause for For vio-



	RECORD	PHYSICIANS should state of OCCUPATION Is very
T. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate.

Village or City Linkwood (No. St.; War	OF DEATH Dist. No. //C
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE C	OF DEATH
FERSONAL AND STATISTICS SINGLE, Long & 18 DATE OF DEATH  ARRIED, WIDOWED, ORDIVERCED (World) 17 I HEREBY CERTIFY, That	/6 ,191 (Day) (Year)
AGE  AGE  AGE  AGE  AGE  AGE  AGE  AGE	, 191
Which employed (or employer)	Jrs. mos ds
OFFATHER (State or country)  10 NAME OF FATHER Clarence H. Sampasar  11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME  (Signed)  (Signed)	yrs mos ds  M. D  1. market by  in deaths from Violent ad (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Interment)  18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENCE)  At place of death yrs. mos. ds. State  Where was disease contracted, It not at place of death?  Former or	yrs, ds
(Address) Level and 19 place of Burial or Removal  E. M. Translat Ind.  Filed July 16, 191.3 Elisabeth Registrar H. H. Driloughby  If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.	DATE OF BURIAL 7/17, 1913 ADDRESS E. n. marlet No. 1. my

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the dibease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc.. Carcinosis

such, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitlal nephritis ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

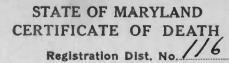
JUL 7 1913 BUREAU, V. S.

#### PHYSICIANS should state RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS pluoda AGE carefully supplied. may be terms. so WRITE PLAINLY, WITH of Information should DEATH In plain B.-Every Item CAUSE OF

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of OCCUPATION Is very of certificate. See Instructions on back Important.

1 PLACE OF DEATH Barly woulders



St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead

	FULL NAME Lewis Gamele	of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Nall Color or RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Sels 19, 1913 (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 D	(Month) (Day (Year)	that I last saw h in allve on June 16, 1913,
7 A		and that death occurred on the date stated above, at 430 A m, The CAUSE OF DEATH* was as follows:
(a pa	Trade, profession, or form work.	Forbroulous (Bulmman ?)
bu Wi	Siness, or establishment in Cliff facther  BIRTHPLACE	(Ouration) luckum mos ds.
	(State or country) Harrise Will, Ma	Secondary  (Duration) yrs mos ds.  (Signed) SECURITY M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Madly Land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN
PAR	13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (informant) Lenauch Banders	of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
16	(Address) Cambridge nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAUGISon May July 20, 1913
	1. 1. 16 ) 75/1/2012	20 1140 550 744 50

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ealto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. ness of various pursuits can be known. The question fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cau-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Marasgeuital," "Seuile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations ou statement of (secoudary or intercurrent) State cause for Never report



BINDIN FRV ESE

#### RECORD PERMANENT cia proper supplied certificate. 80 50 back plain Instructions = DEATH OF

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state PHYSICIANS should of OCCUPATION is CAUC

1 PLACE OF DEA STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in .....Ward) a hospital or institution. give Ifs NAME Instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Year) Write the word) -I HEREBY CERTIFY. That I attended deceased from 104 (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day,....hrs. OR ..... nin. ? BOCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of Industry, business, or establishment In 9 BIRTHPLACE (State or country) Contributory ..... Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death ...... yrs. ..... mos. .... State ..... yrs, \_\_\_\_ mos. \_\_\_ \_ ds. Where was disease contracted, 14 THE ABOVE IS If not af place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupatious a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foremau,"

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	1 PLACE OF DEATH 9627	STATE OF MARYLAND
G	ounty Daschistes	CERTIFICATE OF DEATH Registration Dist. No. 116
٧	"illage or City Cambridge (No. 2/1)	St.; Ward) [It death occurred a hospital or Institution give its NAME instead of street and number.
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	ex 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVERCED (Write the word)  1840	16 DATE OF DEATH    State   Grant   Gr
7 A	GE (Month) 8 (Day) (Year)  GE 72 yrs. 8 mos. 28 ds. 0Rmin.?	and that death occurred on the date stated above, at 2 P.  The CAUSE OF DEATH* was as follows:
(b) bus whi	) Frade, protession, or ritcular kind of work	Cutintis & Diamhora  (Duration) - yrs - mos 20 d  Gontributory Pronclete + Real Debility (Secondary)
ARENTS	10 NAME OF FATHER AMUS SLETCHESS  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER SALES	(Signed) (Si
147	13 BIRTHPLACE OF MOTHER (State or country) Maryland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Marylande Country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs. mos. ds, State yrs, mos. d Where was disease contracted, If not at place of death?————————————————————————————————————

[Approved by U. S. Census and American Public Health Association.]

\*Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the For persons (%)

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RECORD	PHYSICIANS of OCCUPA
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA Important See instructions on hard of confidence.
WRITE PLAINLY, WITH	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important See instructions on back of continues.

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should state

STATE OF MARYLAND 9628 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred to .....Ward) a hospital or institution. give its NAME lostead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISMASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death \_\_\_\_\_ yrs. .... mos. .... State ..... yrs, \_\_\_\_ mos. Where was disease contracted, It not at place of death? Former or (Intermant) osual residence DATE OF BURIAL (Address) 15 ADDRESS Filed. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purperal septichaeinjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train—acci-Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Candeath), 29 ds. "Exhanstion," cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 2 1913
BUREAU, V. S.

#### RECORD PERMANENT stated EXACTLY. d pe UNFADING INK-THIS IS pinoda AGE PLAINLY, WITH

TAGE

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14 THE ABOV

PHYSICIANS should state of OCCUPATION is very Exact statement properly classified. carefully supplied. DEATH in plain terms, so that it m. See instructions on back of certificate. Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH County Sorchestes

9629

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

Village or City Sandy C. (No,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Trale Colored (Write the word)  4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH July 9, 1913 (Month) (Day (Year)
Month) (Day (Year)	that I last saw h alive on July 9, 1913
TAGE  Toknown 1 day, hrs.  yrs. mos ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry.	Valvulor Heart Disease
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Pulmonary Or dema
10 NAME OF FATHER Thus S. Told	(Signed) Subject of M. D.  July 9, 191 3 (Address) Countri dfy 201
Z OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  2 ANKNOWN	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Unknown	or Recent Residents) At place In the of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at place of death?  Former or usual residence.
(Address) Cambridge of May 156 Filed July 9 1913 Eslevally	Cambridge And July 1, 191.3. 20 UNDERTAKER ADDRESS
REGISTRAR	Jury 88 XXX Class city

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homieide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustlon," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichuc-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



#### PHYSICIANS should state of OCCUPATION Is very RECORD of information should be carefully supplied. ACE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. PERMANENT EXACTLY. UNFADING INK-THIS IS PLAINLY, WITH WRITE

1 PLACE OF DEATH

9630

County Dorchesta



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1 1 5

ADDRESS

Vittage or City Hopers wells (No	St.; Ward)  [If death occurred io a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala White Superscript Balan Whote Superscript Balan Whote Superscript Balan (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY, That 1 attended decayed from
DATE OF BIRTH  (Month) (Day (Year)	that Flast saw it
7 AGE  8 yrs mes ds. or min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work	Cedar Point, St. Marys County, Mary land.
(b) General nature of Industry, Mostin (Artivad) of Translass business, or establishment in Sailing in Character Bay  BIRTHPLACE	Contributory Secondary
State or country) orchestar Country, Ind.	(Signed) W. H. Houston, Ind. Local Assistant D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Torquita  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds  Where was disease confracted, if not at place of death?
(Informant) Henry R. Francisco	Former or Usual residence  19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

CAUSE OF Important. S

15

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional live is provided for the latter statement; essary to know (a) the kiud of work and also (b) who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvaut, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. material Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

pneumonia"); Lobar "Croup";) brospinal faver (the only definite synouym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningltis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercupneumonia; Bronchopncumonia Diphtheria (avoid

> cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," valvular heart discase; Chronic interstitial nephritis. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," .... (uame origin; "Can-"Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1913
BUREAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County Chester 9631	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or Cityleau Cleance (No. )	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 SOLOR OB RAGE MARRIED, WIDOWED,	18 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY. That Lattended deceased from 191.3, 191.3,
(Month) (Day (Year)	that I last sew her alive on July 7 ,1913
7 AGE    If LESS than 1 day,hrs. ORmin.?	and that death occurred on the state stated above, at
8 OCCUPATION (a) Trade, profession, or	Lysenly
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	Contributory Secondary
10 NAME OF FATHER TENEM Maller  11 BIRTHPLAGE	(Signed) (Address) Resord Del.
11 BIRTHPLAGE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUCES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted, if not at place of death? Former or
(Address). (Address).	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL 3, 191
Filed 1178, 1913, All Hasting	M. L. Watson Should
If more bishks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupathus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foremau," (0)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal meningitis"); time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-("Pneumonla," Statement of cause of death-Name, first, the DISEASE for the same disease. Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria (avoid use Examples: Cerebrospinal

> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Assuch, if impossible to determine definitely. Examples: childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabby LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report Ex-

If this certificate is be easily over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V. S.

1.下CEIVED BUREAU, V. S. SEP 1 7 1913

#### BINDING FOR RESERVED MARGIN

Very PHYSICIANS should of OCCUPATION is RECORD PERMANENT EXACTLY. classified. UNFADING INK-THIS properly AGE that it me See Instructions on back of PLAINLY, WITH should Information of Inform DEATH N. B.—Every Item CAUSE OF Important.

Cour

PLACE OF DEATH 9632	(	STATE OF MARY CERTIFICATE OF	
	(0)	Registration Dist.	No. 1/6
ge or City Carella Of (No.	, Mil	St.; Ward)	[If death occurred in a hospital or institution,

Vii	iage or City (No	St.; Ward)  [If seath occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex Color or race Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 23 ,191 (Month) (Day (Year)
6 D	Jely 23, 1913  (Month) (Day (Year)	that I last saw h alive on 191
	Shis corriage mos ds. or min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION ) Trade, profession, or ricular kind of work ) General nature of industry, siness, or establishment in ich employed (or employer)	Amscom ege (about 4/2000) Still Down (Duration) yrs mos do
9 B	(State or country) Ind	Contributory Secondary  (Duration) yrs mos ds
ENTS	11 BIRTHPLACE OF FATHER (State or country)  12 NAME OF FATHER (State or country)  MA	(Signed) Selvelf & A. M. D. July 24, 1913 (Address) Cambridge had
PARE	12 MAIDEN NAME OF MOTHER Value	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
	(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
15	(Address) loculii de hid	PATE OF BURIAL OR REMOVAL PATE OF BURIAL PLY 2 4 , 1913.
FII	180 July 24 191 3 2 2 Wolf	Tom. Waltra ( Warle Courte Ou had

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Astatement. material worked on may form part of the second fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But iu many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid phenmonia"); Lobar pneumonia; Bronchopneumonia ("Puenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Ilcart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "," "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of State cause for "Exhaustiou, Never report



#### PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. classified. UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH DEATH in plain See instructions Information ō N. B.—Every Item CAUSE OF

Important.

9633

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. //6 [If death occurred in .....Ward) a hosnital or institution.

1 PLACE OF DEATH

FULL NAME Juf ant Wu	lers give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure Color of RACE Single,  Widowed,  Orbivorced  (Write the word)	16 DATE OF DEATH 23 ,1913 (Month) (Day (Year)
TAGE  TAGE  TAGE  TO DATE OF BIRTH  (Month)  (Day  (Year)  (Year)  TAGE  If LESS than 1 day, hrs. yrs. mos. ds. OR. min.?	that I last saw h alive on 191 and that death occurred on the date stated above, at S m, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Discernage Sout 4/2 now-
10 NAME OF FATHER Frances Strully.  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Ooration) yrs mos ds.  (Signed) Shall R, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, or Homicipal.
of Mother Tellie Walers  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Commer Off had  15 Filed July 24 1913 Enwell  Local Fegistran	19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  JULY 2 K 1913  20 UNDERTAKER  Word Waters - (Windle) Carolin St. Mrs.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

""Manager," "Dealer," etc., without more precise specieation as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. applies to each and every person, irrespective of ago who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Courulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcowa, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; , (Recommendations on statement of (secoudary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 7 1913 BIREAU, V.S.

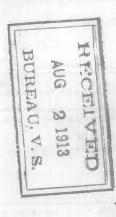
	PLACE OF DEATH	9634	STATE OF MARY	LAND
-	ounty Dorchesta	0003	CERTIFICATE OF	DEATH
C	ounty oo coesi a		Registered	No. 111
\	illage or City Eash Hew Nef.		St; Ward)	[If death occurred in a hospital or institution, give its NAME instead of afreet and number.]
	* FULL NAME Harri	st Unn	Webster	er enect and namer.
	PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF D	EATH .
35	y wipow	ED, married	(Menth)  17 O I HEREBY CERTIFY, That I att	/ <b>5</b> , 1913
8 D	ATE OF BIRTH Soul fe	ury,	July 13 , 1913 , to Jul	y 17, 191 3.
_		(Day) (Year)	that I last saw h. La alive on	1913
TA	Liknown yrs. mos.	If LESS than 1 day, hrs. OR min.?		ve, at 79. m,
(a pa (b) bus	CCUPATION ) Trade, protession, or ricular kind of work.  General nature of industry, ness, or establishment in		Paralisya (Ouration) y	rs. mos 4 ds
9 B	ch employed (or employer)	1	Contributory (Secondary)	***************************************
(4)	RTHPLACE tate or country) Usw Ber	lin Pa.		rsds.
	10 NAME OF Grain Wils	M-	(Signed) Edward & Jo	nie, M. D.
TS	11 BIRTHPLACE		July 18, 1913 (Address) Edit 7	lew maket
ARENT	(State or country) Peru		*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	eaths from VIOLENT ) whether Acciden-
PA	13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	ingly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS) At place in the	
		KNOWLEDGE	Where was disease contracted, If not at place of death?	yrs ds.
	(Address) Ciccinno	, 02	( 01 01	TE OF BURIAL
15 Fil	.d		20 UNDERTAKER AND AD	uly /9,181 3 DRESS
	Y	REGISTRAR	7 N Willoughby SM	Mortes
	If more blanks are needed,	address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No.	l.

[Approved by U. S. Census and American Public Health
Association.]

\*statement. Grocery; (a) Foreman, (b) Automobile factory. The "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engincer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified 14 indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcin

childbirth or miscarriage, as "Puerperal septichaccause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head by carbolic acid-probably swicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 de.; valvular heart disease; Chronic interstitial acphritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrbage," "Inanition," "Maras. Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory "Old Age," "Shock," "Uraemia," "Weakness, Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

N. B.

Village or City Linkswood (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No. //6  St; Ward)  St; Ward)  It death occurred in a hospital or institution give its NAME instead of street and comber.
* FULL NAME James Toopler	n weg
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**SEX ** GOLOR OR RACE SINGLE, MARRIED, Married Wisoweth, engineers (Write the word)  **B DATE OF BIRTH ** March ** JOTH, 1/856  (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 1913, to 1913  that I last saw him alive on 1913
TAGE  1 t LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3, 100 m.  The CAUSE OF DEATH * was as follows:  fulliable fug herib
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Os Co-1 Yaryland  10 NAME OF FATHER  Part To Name OF	(Duration) 10 yrs mos ds.  Contributory Ataqueta of the to (Secondary)  Grand (Duration) yrs mos ds.  (Signed) M. B.
11 BIRTHPLACE (STATE OF COUNTRY) Dor Co, Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER  13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT-CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, lf not at place of death?  Former or usual residence.
Filed July 13, 1913 Sewalf REGISTRAR	Fort New Morket, And July 14, 1913.  20 UNDERTAKER  Howd Wellengling Enew Market Med.
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursults can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (a) the kind of work and also (b) If the occupation bas Farmer or Planter, As examples: For persons (g)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "PUEBPEBAL pcritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras valvular heart disease; Chronic interstitial nephritis cer" is icss definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage. as "Purereral septichac etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Contbenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory "Old Age," "Shock," "Uraemla," "Weakness," tctanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples: 01



#### PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. should be UNFADING INK-THIS IS AGE carefully supplied. certificate. WRITE PLAINLY, WITH of information should be See instructions on back DEATH in plain terms, Every Item CAUSE OF Important.

N. B.

PLACE OF DEATH
County Daches Tay
Village or City /-/ LLLS C

9636

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIED, WIDOWED, DRIVORCEO (Write the word)	16 DATE OF DEATH /0 , 1913 (Month) (Day (Year)
6 D	ATE OF BIRTH  (Mohth) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  July 7 , 1913, to 1913,  that I last saw h 44 alive on 1913
7 A	ge If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION ) Trada, profession, or riticular kind of work.  General nature of industry, iness, or establishment in ich employed (or amployer)	Charley from ente on fact.  (Duration) yrs. mos. ds.
	IRTHPLACE (State or country) Will	Secondary
ARENTS	10 NAME OF FATHER adam Wilson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME 1	(Signed) . (Address) . (Signed) . (Address) . (Address) . (Address) . (Signed) . (Address)
Ь	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
	(Informant) William William	Where was disease contracted, If not at place of death? Former or usual residence
15 Fil	ed wy // 1913 S. astorys REGISTRAR	20 UNDERTAKER.  LIMPTE & HOURSE  Compte & Hourse  Compte & Hourse  Compte & Hourse  Compte & Hourse  Complete & Hourse  Complet

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as of persons engaged in domestic service for wages, as cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupawho have no occupation whatever, write None. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canample: Meastes (disease causing death), 29 ds.; mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacdent; Revolver wound of kead-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," Never report



STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPATION Registered No. 1/4 PHYSICIANS Fif death occurred in St:.....Ward) a hospital or institution. RECORD give its NAME instead of street and comber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, endivonced (Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 17 S DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at.... 1 day, .....hrs. OR ..... 7 8 OCCUPATION AGE (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in may which employed (or employer) State or country) (Secondary) that it 10 NAME OF FATHER 0 0 11 BIRTHPLACE (Address) 2 terms, ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE 5 At place OF MOTHER (State or country) of death ...... yrs. ..... mos. .... EATH State ..... yrs. \_\_\_\_ mos. Where was disease contracted. It not at place of death?... ٥ ā Item LO CAUSE OF ADDRESS If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

naterial worked on may form part of the second statement. Never return "Laborer," "Foreman," should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who receive a definite saiary), may be entered as Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaccause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS STATE MEANS OF INJURY and qualify as accidental, suicidal, of homicidal, or as probably which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of (name origin; "Can-State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

1 PLAGE OF DEATH 9638	STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH Registration Dist. No. 1/9
Village or City Wingates (No. 12) 2FULL NAME Levin J W	St., Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale White Solve the word)  3 SEX  4 COLOR OR RACE MARRIED, Married Whose Widowso, Married Worder Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 20, 191/3, to 24, 1918.
(Month) (Day) (Year)	that I last saw him alive on July 12 ,1913.
7 AGE   If LESS that 1 day,hrs   ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employar)	(Duration) Z yrs. mos. ds.  Contributory (Secondary)
(State or country) Wingates Dor. co.md	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSINO DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant). The BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence
(Address) Magally Str., Co., md  15  Filed July 20 <sup>th</sup> , 1913  WHH Pritchell REGISTRAR  11 more blanks are needed, address State Regis trar,	20 UNDERTAKER ADDRESS  A. J. Birwin Craps

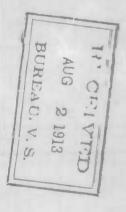


[Approved by U. S. Census and American Public Health Association.]

Acation, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second the nature of the business or industry; and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock." 'Traemia," "Weakness," such, If impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage. as "l'unemenal septichae etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla schsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing "Senile," etc.), "Dropsy," "Exhaustion," may be stated under (Recommendations on statement of (name origin; "Can death), 29 ds. State cause for Examples:



[Approved by U. 8. Census and American Public Health
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who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At 'school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc... Carcinosis of lungs, meninges, pertionacum, etc... Carcinosis

which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-Examples:

